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**RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE - EXAMINING GROUP [3700]**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor(s): Heil, et al.
Appl. No.: 10/040,003
Confirm. No.: 1154
Filed: November 7, 2001
Title: BAG STAND

PATENT APPLICATION

Art Unit: 3724
Examiner: Boyer D. Ashley

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 8, 2004.

(Attorney Signature)

Michael L. Robbins, Reg. No. 54,774
Signature Date: March 8, 2004

RESPONSE TRANSMITTAL LETTER

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

☒ A Response under 37 C.F.R. §1.116 to the Office Action dated December 8, 2003.

The fee associated with this communication has been calculated as shown below:

☒ No fee is required with this communication.

☐ A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$ _ is due.

A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity		Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>14</u> * -	<u>33</u> **	<u>-0-</u>	X	\$ 9.00	\$ -0-
				X	\$ 18.00	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>9</u> * -	<u>13</u> ***	<u>-0-</u>	X	\$ 43.00	\$ -0-
				X	\$ 86.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	\$145.00	\$
				+	\$290.00	
				TOTAL		\$ -0-

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ -0- and is to be paid as follows:

 Please charge Deposit Account No. 06-1325 in the amount of \$. A duplicate copy of this authorization is enclosed.

 A check in the amount of \$ is enclosed.

✓ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 3/8/04

By: 

Michael L. Robbins

Reg. No. 54,774

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